

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: K. Osther et al.

EXAMINER: Miller, Cheryl L.

U.S.S.N.:

10/057,112

GROUP:

3738

FILED:

January 25, 2002

CONF. NO.: 1887

FOR:

IN VITRO REPAIR OF BONE AND/OR CARTILAGE DEFECTS

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service, in an envelope with sufficient postage as First Class Mail addressed to:
Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 10, 2004.

Rv:

Karen Brown

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir/Madam:

AMENDMENT

Applicants are in receipt of the Office Action dated April 14, 2004. Please consider the remarks in regard to the above-identified application.

Remarks begin on page 4 of this paper.





Practitioner's Docket No. 56876 (45579)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | pplication of: ation No.: | K. Osther et al. 10/057,112 January 25, 2002 IN VITRO REPAIR OF BON | Group No.: Examiner: E AND/OR CAR | 3738 Miller, Cheryl L. TILAGE DEFECTS |
|----------------|---|---|---|---|
| Comm P.O. B | top AF issioner for Pater ox 1450 ndria, VA 22313- | | | |
| | | AMENDMENT T | TRANSMITTAL | |
| 1. | Transmitted he | rewith is an amendment for this | application. | |
| | | STA | rus | |
| 2. | [] | l entity. A statement: is attached. was already filed. han a small entity. | | |
| | · | EXTENSION | OF TERM | |
| NOTE: | "Extension of Time | e in Patent Cases (Supplement Amendn | nents) If a timely and | d complete response has been filed after a |
| | CEF | RTIFICATE OF MAILING/TRANS | MISSION (37 C.F.R. | SECTION 1.8(a)) |
| l hereby | certify that, on the d | ate shown below, this correspondence | is being: | |
| | MA | ILING | | FACSIMILE |
| [x] | with sufficient pos envelope addressed | United States Postal Service tage as first class mail in an d to Mail Stop AF, Patents, Alexandria, VA 22313- | | tted by facsimile to the Patent and nark Office (703) Compared to the Patent and nark Office (703) |
| Date: Ju | ine 10, 2004 | | (type or print nan | Karen Brown ne of person certifying) (Amendment Transmittalpage 1 of 4) |
| | | | | 1 0 1 |

Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 C.F.R. Section 1.645 for extensions of time in interference proceedings, and 37 C.F.R. Section 1.550(c) for extensions of time in reexamination proceedings.

| 3. | The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 |
|-----------|---|
| | apply. |

(complete (a) or (b), as applicable)

| (a) | [] | Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 | | | | |
|-----|----|---|--|--|--|--|
| | | (fees: 37 C.F.R. Section 1.17(a)(1)-(4)) for the total number of months checked | | | | |
| | | below: | | | | |

| | Extension | Fee for other than | Fee for |
|----|--------------|--------------------|--------------|
| | (months) | small entity | small entity |
| [] | one month | \$ 110.00 | \$ 55.00 |
| [] | two months | \$ 400.00 | \$ 200.00 |
| [] | three months | \$ 920.00 | \$ 460.00 |
| | four months | \$ 1,440.00 | \$ 720.00 |

Fee: \$_____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

| [] | An extension for months has already been secured. The fee paid therefor of | | | | |
|----|--|---|--|--|--|
| | _ | due for the total months of extension now | | | |
| | requested. | | | | |
| | Extension fee due with this request | \$ | | | |

OR

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. Section 1.16(b)-(d)) has been calculated as shown below:

| | (Col.1) | | (Col. 2) | (Col. 3) SMALL ENTITY | | | | OTHER THAN A SMALL ENTITY | |
|--|--|----------|---------------------------------------|-----------------------|---------------------|---------------|-----------|---------------------------|---------------|
| | Claims Remaining After Amendmen | t | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee | OR | Rate | Addit. Fee |
| Total | * | Minus | 20 | = | x \$9 = | \$ | | x \$18 = | \$ |
| Indep. | * | Minus | 3 | = | x \$42 = | \$ | - | x \$84 = | \$ |
| [] First Presentation of Multiple Dependent Claim | | | | + \$140 = | \$ | | + \$280 : | = \$ | |
| | | <u> </u> | | | Total Addit. Fee | \$ | OR | Total Addit. Fee | e \$ |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (Section 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. Section 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) [X] No additional fee for claims is required.

OR

(d) [] Total additional fee for claims required \$ _____.

FEE PAYMENT

5. [] Attached is a check in the sum of \$ _____.

[] Charge Account No. _____ the sum of \$ _____.

A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [X] If any additional extension and/or fee is required, charge Account No. 04-1105.

AND/OR

[X] If any additional fee for claims is required, charge Account No. 04-1105.

Respectfully submitted,

Date: June 10, 2004

Customer No.: 21874

Stephana E. Patton (Reg. No. 50,373)

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